Lesson 93 - Teaching Your Clients About Fasting

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1. Introduction

Instinctively, every person knows that the living body is maintained by nourishing it. We are all aware of the fact that little children will not grow unless they receive proper food. We observe little ones being stuffed beyond capacity all around us. As a result, many are bloated beyond belief, their small bodies already foul cesspools of rapidly-accumulating poisonous debris.

We are also aware of the fact that unless the human body, child or adult, receives its full quota of nourishment, it will, in time, cease to be; the life spirit will depart, returning to the source from whence it came.

For centuries the custom has been to ply invalids with what is termed, "good, nourishing food," and this often to their undoing for, instead of contributing to an increase in wellness, the food wasted the vitality of the sick to the extent that it proved instrumental in either prolonging the recovery or causing the demise of the person so abused.

Humans, unlike other animals, do NOT instinctively know or understand that abstaining from food can be an effective means for the body to cleanse its stagnant fluids, one wholly compatible to nature; a natural happening which will permit the restoration of a degree of health as predetermined by the potential for recovery that lies dormant within.

In this lesson, therefore, we will examine some aspects of fasting that may have been previously touched upon to some degree but which, in our view, warrant further attention and then, by means of various case studies, we will show how certain individuals became convinced that fasting was worthy of their consideration and eventually became a part of their pattern for transition into a higher level of health.

2. Energy Flow, Fasting And Mind Control

Vital force is essential to recovery. When a person is tired, s/he will eventually be compelled to lie down and go to sleep and, normally, such a one will sleep until such time as the cerebral centers recognize that the body has regained sufficient electrical (vital) force to fuel life's usual activities. In health, s/he will awake in due time. We cannot sleep too much but, obviously, we can sleep too little.

In the last century Russell Thacker Trail, M.D. pointed out that nothing is remedial—that is, conducive to the healing process—except those conditions *which economize the expenditure of the forces of the sick organism*.

Most people agree that the only real curative agencies are those decreed by nature. Hereward Carrington, Ph.D. reminded us that this is so, then we should look to nature: to the animals in the wild, to observe what they do. How do animals live, what do they do when injured or when sick? He further pointed out that, in every instance, we find that when animals live in a congenial environment, they eat their own food; they abhor and refuse all "foreign" food and, in sickness, they, more often than not, refuse food, often for days and, in severe cases, for weeks. Eventually, weakened but recovered from their ailment, they begin to forage for food. Instinctively, animals know when it is time to eat and when they should refrain from eating and thus begin to conserve their bodily energy through the process of sleep. Instinctively, and prompted no doubt by the sensation of thirst, they also drink a far greater quantity of water than they usually do. In other words, in sickness or injury, they resort to fasting. There has never been a time in all of recorded history when man did not fast, for one reason or another: to attain spiritual, mental or physical excellence and, at times, to achieve a worldly objective. Obviously, mankind would not have consistently fasted unless he derived considerable benefit therefrom. We find the rationale for such benefit from what Trail said: namely, that if healing is to take place, then the available vital resources must be permitted to be focused on that effort and not directed elsewhere in all manner of extraneous pursuits.

It is well known that the digestion of food requires a vigorous mechanical effort which can exhaust not only the overworked muscles which comprise the alimentary canal, but also the vital resources in supplying the means of digestion. The process requires a well-stocked larder of secretions and enzymes for the efficient completion of the highly-complex chemical resolutions required to change the larger food molecules into organic molecules of a size suitable for transport across and through the cellular barriers of the mucous membranes and thence into the bloodstream of life.

These secretions are not just *there*. They have to be manufactured, stored and transported, processes which expend vital force. Dr. Robert Beaumont, M.D., in working with the wounded French trapper, Alexis St. Martin, found that whenever the man was ill, any food eaten would simply lie in the stomach for periods as long as 40 hours, during which time it was not digested but rather subjected to fermentative and putrefactive agents. This remains a vivid demonstration of the fact that the control center in the brain knows full well when food should not be taken into the body and sends out the *dictum* by urgent means (via the autonomic nervous network) to cease the digestive effort because there is a greater need in illness: that of physiological rest during which time the resources of the body can be conserved with the energy redirected into more appropriate channels, to the healing of wounded and/or ailing parts.

Dewey, Densmore, Trall, Jennings, Upton Sinclair and others all recognized that, during abstention from food, minimal bodily activity goes on and, consequently, there is little "wear and tear" on the organism in general, a fact which, as a direct consequence, would, under cerebral guidance, permit the fasting individual to subsist on his/her own resources even for a few months, while, at the same time, the necessary energy, supplied through appropriately chosen channels, is directed to the areas where a need exists.

Herbert M. Shelton, in his book *Natural Hygiene, Man's Pristine Way of Life*, quotes Dr. Isaac Jennings discussing a fast being taken by an acutely-ill child, as follows:

> "There is now little action of the system generally, and consequently, there is but little wear and tear of machinery; and like the dormouse, it might subsist for months on its own internal resources, if that were necessary, and everything else favored. The bowels too have been quiet for a number of days, and they might remain as they are for weeks and months to come without danger, if this were essential to the prolongation of life. The muscles of voluntary motion are at rest and cost nothing for their maintenance, save a slight expenditure of safekeeping forces to hold them in readiness for action at any future time if their services are needed. So of all the other parts and departments; the most perfect economy is everywhere exercised in the appropriation and use of the vital energies."

It is this ability of the living organism, and man is no exception, to self-direct the digestion of its own tissues during periods of abstinence from food from outside sources, combined with the inescapable fact that, when ill, animals, including man, tend to lose their appetite and are thus forced into abstinence that leads us to conclude that fasting is a method decreed by nature to conserve body energy by reducing normal activity for the purposes of redirecting available energy to more essential purposes. It would appear that this is a concept and fact of sufficient importance to be brought to the attention of our ailing clients. It is one of those things that makes sense. The fact that fasting is a sensible procedure when illness or injury exist is further supported by another clearly observable phenomenon—namely that, unless the brain cells have been so damaged that they cannot function any longer automatically, up until the point of cessation of cellular activity, death—the mind remains in control of all bodily activity, the autolysis being carried out in a precisely-defined order or urgency: first, the elimination of excess toxic materials which are either already in solution or capable of being made ready for elimination; then, the fatty tissues, wherever located, these to be followed in due course by the disintegration and elimination of wens, tumors, diseased parts in general; healing; all long before vital muscular supports and/or organs are broken down.

The last point which serves to give credibility to fasting as a naturally-given means of healing is that before vital organs even begin to disintegrate, the fasting individual, usually experiences the sensation of hunger which is frequently extremely intense; sometimes, less so. Additionally, the tongue assumes the pink color indicative of a cleansed blood and the secretions begin their more normal free flow.

Often by this time, the individual has been reduced to a skeletal condition. However, it is the amazing ability of this skeletalized structure to commence and *sustain* the rebuilding of its own tissues while, at the same time, the energy grows, that can really captivate the mind.

All these factors combined should put the *coup de grace* to all illogical objections to fasting, which by being voiced at all, demonstrate fully the lack of all logic. The final product, with normal weight established, reveals the extent of the body to restore itself to an amazing degree of wellness. And, amazingly too, is the fact that the exercise of normal bodily functions will actually hasten the process of rebuilding. The entire process, from start to finish, is under exact mind control.

Knowledge of these fundamental organic truths can often assist a doubting client to give over his/her childish misconceptions in favor of adult conclusions, these to be followed, in due course, by adult behavior in that the client makes his/her first initial mind acceptance of the rationale of fasting. Mind control of the total self, more often than not, will open the way for bold new experiences; perhaps even acceptance by reluctant clients of fasting as something for them to consider as they evaluate the options specifically open to them.

3. The Hygienic Experience

As the students of Life Science well know, fasting is not well-accepted by "traditional" medicine, especially in this country; this in spite of the fact that, generally, it is well accepted abroad and this by many otherwise fully-orthodox practitioners. Much of this acceptance in other lands is due to the persistence of Dr. Otto Buchinger, formerly fleet surgeon in the German navy, who had been elevated in 1917 to this high command, one equivalent to that of rear admiral in the U.S. navy.

Upon receiving his appointment, however, Dr. Buchinger was too ill to carry on with the manifold duties which the appointment necessarily entailed. It is said that he was totally incapacitated by arthritis as well as severe gallbladder and liver disorders. Fortunately, for all students of Natural Hygiene, he was referred to a Dr. Gustav Riedlin, one of the earliest of European pioneer fasting specialists.

Under Dr. Riedlin's guidance, Buchinger fasted for some 19 days and found that the arthritic condition had been greatly improved. After a suitable interval, he then fasted again, this time for thirty days, with the astounding result that all his organic troubles had been completely done away with.

Needless to say, Dr. Buchinger became an enthusiastic advocate of fasting and eventually operated two large sanitariums in Germany where records of literally thousands of patients were admirably kept and completely documented. It is said that more than 70,000 people fasted at the Buchinger retreats. Orthodox practitioners confronted by such well-documented case studies began to open their own fasting clinics and spas.

We well remember visiting with a medical professor in Madrid who reported that he had come to a well-known medical college in America to study but left in short order. He said that he was dismayed to learn that medical doctors in this country seemed to know nothing about fasting. All they were concerned with was "gadgets and drugs!" He further stated they they seemed to have no knowledge of "the healing hand" that soothes away all hurts.

In this country, Dr. Herbert M. Shelton has been the leader. Others have followed in his wake: Dr. Vivian Vetrano, Dr. Robert Gross, Dr. Scott. Probably together they have supervised well over 100,000 fasts. Other fasting retreats around this country have supervised tens of thousands more, while innumerable individuals have successfully fasted on their own.

Not all fasters are successful in achieving total recovery, of course, but those who possess sufficient vitality to commence a fast and then to sustain the period of recovery for a sufficiently-long period of time, have achieved what has often amounted to almost unbelievably salubrious results.

Even short fasts, from three to five days, add up in benefits. Last Christmas, for example, we received a card from Rod. If you recall, Rod suffered from arthritis so badly that he could no longer hold a pen or pencil and so was forced to give up his career as an accountant. We first learned about Rod from a client who told us that he had sought relief from pain first in Arizona, then in Nevada; but all in vain. His lack of muscular coordination and the pain just went on and on, even worsening.

Then he was referred to us and began a Hygienic program which, even without resorting to prolonged fasts, just shorter ones, enabled him to go back to work again.

Rod is now home again and on his Christmas note he reported to us that he is doing so well that he was fully able to cope with the extreme cold which buffeted all this last winter. He reminded us of the fact that prior to beginning his fasting the cold weather had caused him great suffering.

This young man began to fast one day a week and then three days every month. What has this fasting done for Rod? Just a few years ago, Rod cried out with pain in our office and asked us if we could help him. Today he is back home again, working and his last message to us read, "I'm doing just fine!"

3.1 How Long Should We Fast?

Experience shows that the fasting period varies from individual to individual. Few persons fast, however, to completion. On an average, fasting clients abstain from all food for from 10 days to two weeks. In some drastic; cases, persons fast as long as 30 or more days before the signs indicate that the internal cleansing and healing has been completed.

In very severe chronic cases, Dr. Shelton found, it sometimes necessary for patients to fast three and four times before experiencing a complete cleansing and healing.

Many Hygienists have found a yearly 10- to 14-day fast highly beneficial. Others fast one day each week and two to three days every month and find this method quite satisfactory. When the fluids of the body are kept reasonably clean and pure by adhering to strict Hygienic practices and principles both in eating and living, then even in today's stressed and polluted frenzied environment, one can maintain a high level of wellness and have amazing vitality compared to the rest of our diseased population with only an occasional cleansing fast of comparatively short duration.

Fasting, it seems to us, has no further need to be proved as a body-accepted and, therefore, correct healing modality. The mechanisms for conducting a fast "come with the design," so to speak, just as the method of cleaning a piece of equipment is dictated by *its* structure. An engineer must know his/her equipment to be a successful engineer. Unfortunately, most humans neither understand nor appreciate *their* "equipment," their own bodies! In the exact same manner the proper method of cleansing the human body is ordained by *its* structure and, therefore, more proper to it than other artificially-conceived modalities as, for example, the blood-letting of former years and the "marvel" of today's technology, apheresis.

3.2 Why Clients May Need to Fast

Since all diseases (excepting of course those due to traumatic causes, injury and the like) are the direct result of abnormal metabolism (which, being ongoing, results in certain chemical changes which, by the very nature of things, cause a gradual decline in cellular efficiency and organ degeneration due to the infusion and precipitation of toxic waste by-products, known to German physicians as ZELLENSCHLACKEN, or *cell cinders*), it follows that such debris should be removed with dispatch and with unerring accuracy and in the order of urgency as best determined by the cerebral powers of the body and not by unproven and questionable powers of man-conceived substance or gadget.

Obviously, if such waste debris were allowed to remain, the entire systemic transportation system would be interfered with, starting first at the more-or-less porous cell membranes where the infusion of debris rapidly begins to set up membrane blockages which reduce the infusion of nutritive materials into the cell and interfere with free flow of arterial blood and its venous return for oxygenation in the lungs. In truth, the whole cleansing of the body is reduced, the endocrine regulation of body chemistry is strangulated and, subsequently, as a natural sequence, every single chemical and/or other cellular work becomes somewhat other than normal.

3.3 Nerve Channels Must be Free

It is not only the free flow of fluids and the possibility of blockages occurring in the arterial and venous channels that are of importance. Still another concern arises, namely, that all bodily activity depends on the free conduit of nerve messages via the nervous mechanisms of the body. Situational problems must be relayed to the central control centers. There they must be evaluated, conclusions reached, and proper solutions determined. Suitable directions to be involved and/or troubled areas must then be transported with precise areas or sites being predetermined. Subsequent follow-up instructions for cells must be carried to wherever a need or problem exists.

Should the sympathetic nervous system be interfered with by any unusual build-up of wastes, the

possibility, even the probability, of error exists. The entire body mechanisms could conceivably falter and be subject to error, certainly a matter of grave concern.

To the rational mind, it seems quite obvious that probably every disease to which man is heir can be traced back to this one simple circumstance: that any degree of metabolic abnormality produces an abnormal amount of toxic debris which can build up and interfere not only with the free transport of nutrients to the cells and the subsequent removal of cellular waste but also with nerve message transmission, always with the possibility of single and/or multiple errors occurring either occasionally or constantly, and these being either limited in scope or totally systemic.

If all this be true, and we can see no sound physiological basis for concluding otherwise, then fasting to accelerate the removal both of the waste and its autolysis by proper organic built-in methods which are always under cerebral guidance would appear to be the only proper method to cleanse the system so that free transport through all channels would once again become a reality.

3.4 The Role Played by Water in Fasting

Water is, of course, the greatest of all solvents. Having access to pure distilled water is necessary to a successful fast. All the diseased parts, already "burned up" by a most carefully-controlled autolysis, all the systemic poisons can thus be dissolved in the water and flushed out of the body, no longer a threat to life.

3.5 Fasting "Cures" Nothing

It is important for students to understand that fasting "cures" nothing. Its sole purpose appears to be to permit the system, through physiological rest, to lessen its expenditure of energy, to reduce any buildup of metabolic waste by-products to a minimum, and then to divert all conserved energy resources to certain tasks which have been selected through cerebral evaluation as being needful of a more concentrated effort just at this time. In this manner, autolysis of inferior parts and the elimination of collected waste debris can be accelerated and systemic equilibrium, the recognized hallmark of good health, can be more quickly established.

It is at this precise point, when systemic balance has been achieved, that disease ceases to be a problem and a condition of wellness takes over. As Dr. Allan Cott, psychiatrist, says in his book, *Fasting: The Ultimate Diet*: "Fasting is certainly not a panacea for all ills, but it may be effective in treating many more varieties of sickness than orthodox medicine is ever likely to concede."

Dr. Buchinger found the following illnesses either improved or were totally eliminated by fasting and insisted that the merit of fasting should be considered in all such conditions.

3.6 Dr. Buchinger's List

1. Obesity, chronic underweight, diabetes in initial stages
2. Rheumatic disorders of joints and muscles; sciatica
3. Heart conditions
4. All circulatory problems involving blood vessels such as high or low blood pressure, hot flashes, many symptoms of aging
5. Stress and nervous exhaustion
6. Skin diseases of all kinds
7. Diseases of the digestive organs
8. Diseases of the respiratory organs
9. Kidney and bladder diseases
10. Female disorders of many kinds
11. Allergic conditions including hay fever

12. Eye diseases such as chronic iritis, retinitis, etc.
13. Conditions which follow venereal diseases or thecondition itself
14. The many forms of glandular disturbances: ovarian, thyroid, etc.
15. Periodontal diseases
16. Fasting in readiness for operations and for better and easier recovery afterwards
17. As a preventative measure (to prevent cancer, etc.)
18. Diseases which have their origin in under-nutrition and malnutrition
19. General fatigue, spring-fever.

There are probably many other reasons for fasting. We present the following for the consideration of our students:

3.7 Other Possible Reasons for Fasting

1. To attain spiritual insight, mental acuity, sensual acuity, increased perceptual awareness, etc.
2. To lower the cholesterol level.
3. General body clean-out.
4. To give the digestive system a rest.
5. In the case of wounds, to give the body time to heal.
6. To relieve tension.
7. To sleep better.
8. To regulate the bowels and provide better elimination through this channel.
9. To slow the aging process.
10. To save money in many, many areas of life.
11. To feel and look better, younger.
12. To improve one's sex life.
13. To help a person eliminate smoking, drinking, and/or other addictive habits.
14. To reduce or totally eliminate pain.
15. To provide rest for all organs, muscles and systems; to restore vitality and full energy flow.
16. Just to save time (the average person spends three hours a day and more in preparing, serving and eating his/her food!)

Dr. Shelton pointed out that with disorders of the alimentary canal, fasting removes three sources of local irritation, namely:

1. The mechanical irritation brought on by particles of food that come in contact with the raw inflamed mucosal linings;
2. The mechanical irritation which results from the vigorous contraction and expansion of the walls of the stomach and the wrinkling of the surfaces as they receive and handle foods; and
3. The chemical irritation caused by the secretion of strong acid gastric juice.

Dr. Shelton maintained that in such disorders the fast should be continued until systemic renovation has been completed. It seems logical that these same conditions should pertain with all disorders affecting the entire canal including, for example, the miserable condition of colitis which can cause individuals to become extremely nervous, irritable and, at times, almost hysterical due to headaches and other discomforting symptoms that often accompany this ailment.

3.8 Fear of Fasting

The fear of fasting is widespread due (in great part it seems to us) to what amounts to medical hysteria whenever the subject comes up. Few clients, in fact, will have ever even *heard* of fasting as a valid means of restoring health. We ourselves had never heard of it in this connection until many years after we had begun our own worldwide search for improved health.

Out of many, many thousands of medical treatises and books on all manner of diseases, methods,

opinions, statements and whatnot written and disseminated in this country, fewer than one percent probably even mention fasting as a means of recovery from illness. If the subject comes up at all, it is referred to as "starvation," which is enough to "make the hair stand up on end," as the saying goes. It is only in recent years that some physicians have found merit in treating obese patients in this manner.

The reasons for this unwarranted fear are, of course, obvious: negative pre-programming, the prior conditioning about fasting as being something "far out;" a total lack of education about fasting. What people do not understand, they fear. Therefore, persons who are ill and desirous of once again experiencing the euphoria engendered by complete wellness, need to become more knowledgeable about the subject and especially about how a series of shorter fasts but, importantly, a more prolonged fast, might benefit them.

Dr. Ragnar Berg, the celebrated nutritionist and Nobel Prize Winner, stated that he knew of fasts that lasted over 100 days and that he also had supervised or controlled fasts up to as long as 40 and more days, while he himself often fasted as long as 21 days while continuing to work 11 hours daily either in his laboratory, actively engaged, or at desk work. Innumerable stories, both documented and undocumented (in this case from reliable sources) witness to the fact that we need have no fear of either dying from hunger or from not knowing just when to terminate a fast. However, newcomers to Natural Hygiene, for the most part, have to go through a developmental process before they can cognitively accept fasting as a rational experience for them to consider, a healing measure of nature which can accomplish only good.

The mental condition of the fasting patient is of utmost importance to success. All negative thoughts, all fear that worries and depresses the mind, should be eliminated. It is of crucial importance that, before undertaking a fast, the client be well-schooled. If not, should s/he experience any unpleasant and unanticipated symptoms, s/he is likely to magnify the seriousness of what is happening and even to become panicked into terminating the fast too quickly, thus possibly undoing much of all of any benefit accruing to the fast.

This is particularly true of the new fasters. Even though they may be somewhat knowledgeable about the subject, mentally they will perhaps unconsciously anticipate trouble, this because that which they are presently experiencing is so entirely foreign to all that they have yet known. They can become anxious, uncertain, even perturbed, and especially so if not well-schooled.

In all cases, therefore, it is our view that clients should be well-educated in the fast before undertaking one—except, perhaps, in rare circumstances when, at the discretion of an experienced practitioner, an immediate fast may be indicated. The question arises then as to how best to impart this information to the client.

Sometimes we must do so abruptly. For example, just last evening we received a call from out of state from a friend of many years. He wanted to bring his wife to Tucson so that we might devise a suitable diet for her. On inquiry, however, we learned that about a year ago she had received a diagnosis of lymphoma of the parotid gland on one side of her throat and that she had been subjected to radiation and chemotherapy and was presently in, the hospital to have biopsies made of new swellings which had appeared in her throat and right breast. She had-been advised by the supervising oncologist that he feared that the lymphoma had already begun to spread throughout her body.

It was our sad duty to inform this gentleman that, at this late time, just improving the diet would have minimal effect. Because of the seriousness of her condition and the unfortunate "treatments" she had received, probably the only chance his wife had to recover any degree of improved health would lie in her resorting to a prolonged fast. And, knowing the complete confidence this woman has in medical procedures and in her physician, we very much doubt if she will accept our recommendation. However; there was, in this case, no time for delay.

4. What We Have Learned Thus Far

Thus far, we have brought forth the following points for our students to consider:

1. People do not know instinctively, as animals do, that abstaining from food can be helpful in acquiring a higher level of wellness.
2. The rationale of fasting lies in a controlled diversion of energy flow from ordinary duties by keeping these to a minimum through enforced physiological rest, and then directing of all thusly spared energy resources by the autonomic nervous system to the area(s) where healing is most needed.
3. The only real curative agencies are those decreed by nature. Fasting is such an agency, this fact being witnessed and confirmed by design and results achieved following its application!
4. A fast is self-directed.
5. All vital parts, including the brain, are spared in fasting, with the mind remaining clear, until cessation of all systemic activity.
6. Following a prolonged fast during which the individual may be reduced to the skeletal structure, the body has the ability to reconstruct, and this in a more perfect manner than prior to the fasting experience.
7. The salubrious results of fasting have been well-documented. Of this, clients need have no doubt.
8. Not all fasters receive total recovery.
9. While fasting can be a useful means of recovery in a wide variety of illnesses, it is not to be a panacea for all. We have, therefore, listed those conditions which are known to have been greatly improved when fasting was resorted to.
10. Fasting is a means of removing cellular debris which when allowed to accumulate can produce certain adverse chemical and obstructive changes which can be destructive of a high degree of health.
11. Pure water is essential to a successful fast.
12. Fasting should not be considered as a "cure."
13. Fear of fasting is widespread and, therefore, it is encumbent upon the practitioner to teach his clients about fasting because all anxiety, all worry and ungrounded fear can negate any benefit which might accrue to the faster. The mental condition of the faster must be positive for the fast to be successful.

5. The Learning Process Can Vary From Person To Person

After we have had several consultations with a client and arrive at the conclusion that a fast would be beneficial to him or her, we introduce the subject as quickly as possible. Probably every practicing Hygienist has his/her own way of acquainting new clients with the manifold possible benefits that may accrue to an individual who fasts.

We go over the various points and information which we have practiced. We encourage our clients to ask questions. At first, of course, few know just what kinds of questions to ask, but we observe that as we go along, clients begin to ask intelligent questions. We present them with copies of articles about successful fasts, especially of persons who have been restored to a higher level of health who previously suffered

from the same identical condition as the client; or, if we do not have such, of related cases.

For example, suppose a client suffers from a stubborn rash. S/he will be greatly cheered if s/he reads about the successful healing of another person similarly afflicted after taking a fast of 10 days. This client may even be inclined to begin his/her own fast.

We suggest books for the client to read, easily read books such as the following, many of which are available inexpensively in paperbacks:

1. Dr. Cott's book, *Fasting, The Ultimate Diet* previously cited.
2. *Fasting Can Save Your Life!* by Dr. Herbert M. Shelton.
3. *About Fasting* by Dr. Buchinger, previously cited.
4. Dick Gregory's *Natural Diet For Folks Who Eat: Cookin' With Mother Nature*, Harper and Row, Publ. Inc.
5. *Natural Hygiene: Man's Pristine Way of Life* by Dr. Shelton
6. *Vitality, Fasting and Nutrition* by Hereward Carrington, Ph.D. available in a reprint from health research, Mokelumne Hill, California
   Others by Densmore, Sinclair, and other Hygienists.

Life Science in Austin, Texas, can suggest other books and supply the same to interested students. The Carrington work is for the more serious student.

Some students respond quickly to their new knowledge, others less so. A few will even begin short fasts on their own. With reluctant fasters, patience is required. A very few will not accept fasting as a valid and effective means of restoring a higher level of health until forced by circumstances to do so. To illustrate just how a number of clients were able to surmount the barrier of fear and come to accept the concept of fasting and, eventually, to fast, we follow with some actual case studies. As always, these studies represent true examples but, for obvious reasons, we have changed the names and some of the exact circumstances. The first case represents a very reluctant faster.

6. Case Studies

6.1 Case Study—Alex M.

When he first came to our attention, Alex M. had just celebrated his 51st birthday. His immediate problem was obesity coupled with a sense of more-or-less constant fatigue. He was also disturbed about the rather sudden appearance of a circular band of very visible capillaries which underscored the rib cage in the abdominal area.

Alex was a difficult patient to work with. A professional man, highly intelligent, comfortably placed financially, he was confident of his own expertise in certain scientific disciplines, including biology and chemistry. Reluctantly, therefore, he conceded that perhaps there were some areas of healing of which he had less knowledge than he had previously thought. But he was, at least, willing to listen and to learn.

As time went on Alex gradually adapted well to a Hygienic diet. He began to exercise and even occasionally worked out at a spa. He was able to reduce his weight from about 225 pounds down to a slim, trim 173 pounds and admitted to having the vitality of a man at least 20 years his junior.

Alex was very proud of his accomplishments, and with good reason, because adapting to Hygienic living had meant a complete turnaround both in his thinking and in his habits. The gourmet eating of his

past had to be replaced by an abstemious well-chosen-and-combined 80% raw food intake. Sheer willpower enabled him to give up salt, meat and bread. Giving up sweets proved to be a major obstacle but we overcame it by permitting him one very unhygienic indulgence once a week namely, a huge hot fudge sundae complete with real whipped cream! How Alex looked forward to Fridays. This was HIS day!

But, you know, this strange technique worked! It wasn't too long before Alex confided that those hot fudge sundaes didn't seem to taste too good anymore; in fact, they kept him awake all night with his stomach and bowels growling and churning. So, on his own, Alex decided not to give in to his pathogenic desire for hot fudge sundaes and other processed health-destroying sweets.

However, fasting was another matter. In spite of reading the literature on the subject and also in spite of his acceptance of the fact that natural methods had already worked what amounted to a miracle of healing in his case, he still refused to consider fasting as something he should do. The capillary ring, so noticeable on his skin under the rib cage, and other symptoms which seemed to indicate the probable existence of a deranged liver, continued to concern him but not to the extent that he would consent to a fast as a possible means of restoring better living function and perhaps even doing away with his disfiguring ring.

Alex's refusal to fast lasted for almost six years. We saw him from time to time. He kept on his program. In fact, he told us that he had finally converted to eating just two meals a day, one of these being a fruit meal and the other a vegetable salad. When we saw him, we could scarcely reconcile his appearance with that of the obese "problem child" we had first encountered. Alex had become quite a Hygienist, but he had still not fasted, not even for a single day in all those years.

Then it happened! Alex began to lose weight. The pounds began to roll off him like water off a duck's back. He couldn't stop losing weight. He came to us almost in a panic. We back-tracked. We again explained to Alex about housebuilding; about how nature will first tear down the old before building the new and better house. We once again reminded him that nature will have its way, all in due time.

We reminded him of some of the previously-learned facts about fasting and postulated the thought that if he had fasted originally, this might all have been over long ago in short order and that he would have long ago had his brand new house.

This concept made good sense to Alex, but would he fast now? Again the answer was a negative one. Alex would still not fast. He decided to eat nuts and sweet fruits in abundance, to begin weight-lifting in earnest now. That would do it. Of that he was confident.

About three months later, Alex was back. His body had refused to give in to his desires, his wishes, *his* dictates. Nature would have none of the nuts or sweet fruits, it seemed. He hadn't gained a pound! Instead, there had been a new and highly-disconcerting development: Alex's back, sides and rib cage had burst forth in blossoms! He was literally covered with hive-like lesions, some the size of a small saucer. They itched and itched, unbearably so. At times, he could neither sit nor stand still in comfort.

He was able to sleep but fitfully. Alex had reached the end of his resistance. Alex consented to fast, but he would do it *his* way.

He first fasted for 24 hours. He waited a month and then fasted for 36 hours. The blossoms continued to annoy. So, Alex decided to try a three-day fast and found that the itching had lessened considerably and the lesions had grown smaller. There, seemed to be some healed areas in the midst of the larger lesions. Our client was pleased with himself. So, a week later, he began another fast, one of five days duration. At the end of this longer fast, the lesions had completely healed. Even the capillary ring appeared much less noticeable.

Then it was that Alex confided to us that actually fasting wasn't too bad after all. He thought he might even try it again sometime!

Alex' case study demonstrates that some clients will be most reluctant, due to their previous negative

programming, even to consider undergoing a fast. We never know at the outset what we may encounter when we begin to talk about this subject of fasting. Many clients will not fast until compelled, like Alex, by unexpected developments, to do so. However, let us point out that, in spite of his reluctance to fast, during the intervening years, Alex had become much more knowledgeable about the subject of fasting and about what to expect during the fasting experience. In other words, he finally had become so knowledgeable about fasting that when he began to fast he was *mentally* prepared for whatever uncomfortable symptoms might appear and fully confident of the fact that fasting would bring to him only salubrious results. It was his knowledge that cast the dice, so to speak, in favor of performance.

His former fears, although unfounded, yet real, had long since evaporated to be replaced by willingness, albeit reluctant, to follow nature's way of dealing with physical, mental and even spiritual problems and concerns.

The lesson for Hygienists to learn from this case is that of the need to have patience, not to give up, even though, at first, a client may refuse absolutely even to consider the fast as a probable methodology in his own very special case. Every change for the better will produce curative changes within a sick body, even though they be small and, for the time at least, unnoticed. In the end, small changes all add up and eventually produce major health benefits. Just so, the constant repetition of a thought, an idea, a concept, even about fasting, will leave its imprint and may eventually do away with surface acceptance and change it to cognitive acceptance. Cognitive acceptance is usually followed, in time, by correct and positive performance. In the final analysis, therefore, through knowledge, even the reluctant client may conclude that his or her own return to health may be hastened if s/he does undertake to fast. S/he may then even follow through and take action.

6.2 Case Study—Gladys G.

Gladys G. provides another example of delayed fasting, but for a different reason. Gladys became a private student about two years ago after having been referred to us by another client. At first, she took our course in applied nutrition and then decided that she could benefit from private consultations.

Gladys was fully aware of the fact that she was seriously ill, suffering as she was from a weakened heart, at 5' 4" she weighed only 85 pounds. She had also almost reached the point of complete exhaustion. Her general appearance showed a woman whose whole constitution was gravely debilitated. Full recovery seemed very problematical, so much so that we even hesitated to undertake her reeducation in the ways of natural healing.

However, we agreed to do what we could. Obviously, our client was too debilitated to go on a prolonged fast at this time. There were also other family considerations which made fasting impossible, at least for the time being.

Gladys was inclined to be a "symptom-searcher," a trait characteristic it seems of many highly-debilitated people and especially if they are inclined to be somewhat neurotic. At each consultation, Gladys would come armed with a long written list of day-by-day minor aches and pains. Not one would be missed! For example, if her left eyelid happened to be somewhat itchy, or puffy, that fact would go down on Gladys' report.

However, there was one thing that worked for us as we began to teach Gladys about Natural Hygiene.

Since she had originally come to our attention upon the recommendation of a fellow church member in whom she had complete trust (in fact, her minister), she was inclined to take everything we said as "gospel," no matter how strange, at times, our words must have sounded to her. Thus it was that she followed instructions religiously.

Gladys faithfully took her mid-day rests, performed all suggested beginning exercises, attended to her regular sunbathing and was especially careful in formulating all her meals according to our instructions. Additionally, she studied her assigned lessons every day.

This client's progress was slow, but steady. Even her friends began to compliment her upon how well she was beginning to look even though she remained quite thin.

But still Gladys was reluctant to fast, her immediate family being extremely hostile to this idea because they thought her too thin, although in all other ways they were extremely loving and supportive. However, we continued to talk about the possible benefits accruing to fasting. From time to time, during our consultations, we would bring up the subject and hand our client a case study to take home with her to read and think about.

A whole year and a half went by. One day she came all smiles and revealed that for the entire preceding week, she had been able to manage very well on just two meals a day. Gladys was very proud of this accomplishment, so we began to write on our blackboard, for her to visualize all the several "successes" she had achieved since we first met. They included:

1. Eating well-combined foods.
2. Eating better-quality food, much of it organically grown and up to 80% of this eaten raw.
3. Exercising more now than formerly.
4. Foregoing all snacking, all "junk" foods.
5. Adopting—and adapting to—a frugivorian diet, eschewing all animal flesh and all animal-derived products.
6. Rarely eating bread or any other type of cereal.
7. Avoiding all legumes, except those she sprouted.
8. Rarely, if ever, eating anything grown under ground.
9. Socializing more than she had been doing.
10. And now, adopting the Two-Meal-per-Day Plan.

Gladys beamed as we examined the list, a fact which inspired us to make her even more aware of how her newly-acquired lifestyle had been instrumental in bringing her many major health benefits as well as important personal health-promoting changes which would bear fruit in future years. With her active cooperation, we began to list them on her blackboard:

1. For six months now she had not taken a single dose of medication.
2. She was now able to sleep all night long, something she had not been able to do for many a year.
3. She was no longer symptom-searching because she understood that symptoms were the evidence of on-going healing within.
4. Her nervousness had been considerably reduced. Even her family, loving as they were, found her easier to get along with.
5. All signs of edema were gone.
6. She rarely coughed up mucus now, except for some slight amount when she got up in the morning.
7. She was now involved in many church projects and making a full contribution in that work where once she had been compelled to sit on the sidelines and watch.
8. She had developed a natural-looking nice pink color, this replacing her former wan and pale look.
9. She no longer had recourse to such "crutches" as vitamins, minerals and other supplements.
10. She no longer drank tea, coffee, or soft drinks of any kind; just pure distilled water.
11. Obviously, Gladys had recovered a considerable measure of her lost health.

The time was ripe. We suggested to our client that having made such wonderful progress through her initial timid steps into Natural Hygiene that now perhaps was the ideal time to take a bold new step: why not fast for just 24 hours one day every week? We wrote on the blackboard: "A beginning fast—24 Hours—from one evening meal to the next evening meal. I CAN DO IT!"

Buoyed up by her successes, Gladys agreed to try. And try she did, for when she came back after a six-week interval, she reported that "it wasn't as bad as I thought it was going to be!"

Probably the biggest surprise of all to this client and to her family was the fact that she had gained two more pounds, and this on but two meals a day with one day each week lived without her eating any food whatsoever.

Our client's family was at a loss as how to explain this miracle. Our client herself was so enthusiastic at this point, that we knew it was time for her to set a new goal: for the next month, she was to fast now for 36 hours once every week. Gladys eagerly complied and fully met the challenge. For the next six months our client followed this fasting schedule, fasting for 36 hours each and every week. As a result of her total fasting experience, she achieved some remarkable health improvements:

1. All heart palpitations and spasms were done away with. She reported that she no longer was able even to feel her heart beating when she lay on her left side at night.
2. No digestive disturbances of major import. In fact, she reported that her stomach felt "at peace."
3. There are no visible signs of edema where on first visit, her legs had resembled the so-called "piano legs" we so often observe in obese people (and remember that Gladys was emaciated at that time with the edema embarrassingly noticeable).
4. She rarely even has to clear her throat now. When she first began her timid way into Natural Hygiene, she had a severe bronchial condition.
5. She now weighs about 94 pounds and feels confident that she will now continue to gain until her weight becomes normalized. But even this small weight gain represented a 10% improvement.
6. She is full of smiles now. Her former distressed and worried look has entirely disappeared. She knows that, at long last, she has brought herself in tune with nature's ways and that they will not let her down.
7. Her vitality continues to astound not only herself but all those who knew her "back when."

However, in spite of all the above remarkable improvements, this client has agreed to continue on her present regimen until such time as her family agrees that she would benefit from a longer fast. Because she has made such splendid progress, all of us anticipate that the presently ongoing family opposition will soon melt away and it will not be too long before this lovely woman will be on her way to an even longer fast. This is a determined woman in many ways, and a highly-intelligent one, too. Remember that she accomplished all of these short fasts while surrounded by the anxious worried countenances of her devoted, but unschooled, husband, children, brothers and sisters. We are fully confident that one of these days, in the not-too-distant future, Gladys will call to tell us that she has done it: she will have, at that point, taken her first three-day fast!

In this case study, we see vividly illustrated how family opposition can retard a client's adapting to a fast. However, this did not stop the learning process. It did not stop our client from moving forward because the knowledge spurred her on to performing in small, hesitant, but fruitful ways. The initial forays into the fasting experience were taken without apprehension on her part. She knew fully what to expect and so was prepared. The results were as anticipated.

6.3 Case Study—Dr. J., a Ph.D.

Doctor Joe weighed some 295 pounds on first visit. He was a graduate of many colleges and universities, a man of diverse talents. He had been directed to us, as is usual with most clients, by a former student. He said he had been looking for someone with whom "he could feel compatible." He felt we might satisfy his requirements!

Because of his intellectual bent, we immediately started Joe on a study program. We made no specific recommendations as to either his eating habits or his lifestyle, just assigned him a certain number of pages to be covered within a certain time frame. When he had completed each assignment, we discussed and analyzed what Joe had read. Being skilled in speed reading, our client turned out to be a voracious student, gobbling up the information as fast as he received the materials. Therefore, it was necessary to reassign, from time to time, certain studies whenever we felt he had skimmed over them too rapidly for full cerebral acceptance of concepts.

While Joe had started out basically as a skeptic, he began to see that the principles and practices espoused by Hygienists were both intellectually acceptable and scientifically sound. He began to study the physiology of the digestive system and to pore over anatomy books. But, even though several months had passed, during which time we had made helpful suggestions as to the ways and means whereby our student might change his lifestyle and reap certain benefits thereby, he had not, as yet, made his personal commitment.

Finally, however, he did. He decided to shift into a more sensible health program, made an appointment with us and requested that we set up a regimen precisely tailored according to his specifications! Since this was, of course, a very unusual procedure, we delved a little deeper.

It seems that Joe had decided that for him to make an immediate changeover into a strictly Hygienic regimen would be too trying. He would, therefore, take 1 1\2 years to achieve his goal, at which time he would weigh in at 210 pounds, be muscularly fit and superbly healthy!

We cautioned Joe that, because of his obesity and several previously diagnosed conditions, including a slight hypertension, digestive troubles, and some liver impairment, that he might not fully achieve his goal in such a short time without having recourse to a fasting program. Joe, however, was convinced that, for him, all things were, indeed, possible.

Joe was a gourmand, delighting in exotic foods. But, in spite of his obesity, his grossly-inadequate eating habits and his health impairments, our client was an extremely vital man. He possessed many good habits. He was happily married with a wife who was so supportive of his efforts that she immediately agreed to join in the adventure. Since he was semi-retired, age 62, and she was also a woman of leisure, they decided to devote all their efforts to accomplishing the goals Joe had set out for himself.

Therefore, at the outset, we designed a tentative regimen for both to follow. Initially, they were to give up all processed, canned and frozen foods. All sugared goodies were immediately taken off Joe's favorite foods list. Instead of having meat of some animal-derived product three and more times a day, as had been their custom, their intake of this kind of "food" was to be limited to one serving daily.

A walking schedule of 30 minutes per day was set up, plus stretching and flexibility exercises for morning "wake-up." Neither Joe nor Julia, his wife, had previously followed any particular exercise program; in fact, both had lived extremely sedentary existences.

Because of his obesity, Joe was to take two rinse-downs daily under the shower and this without fail. (We remind our students that most obese people have a pronounced body odor due to the fact that fat so often serves as a storage vault for toxins.) Both of these students were encouraged to forego their intense studying now in favor of more exposure to fresh air and the great outdoors. They talked things over and agreed that one month would be the correct interval to overcome their first hurdle; that this would be acceptable risk-taking. No further changes in their routines were put forth by us at this time.

In 30 days, Joe and Julia made their report in person. Every suggestion had been followed precisely, except for one. They had decided to review all their studies thus far and had set aside 15 minutes each. morning for this purpose. (We have several couples who have since adopted this same routine and have found it amazingly helpful.) Joe reported that he had lost only about three or four pounds but both said they felt much improved and were sleeping better.

Our couple decided that Phase Two should now begin and that this, too, would be adhered to for one month. It was agreed that they would now reduce their coffee intake to one cup per meal from their customary two or three, and to drink it now without sugar. They would consume no other beverages except distilled water. Salt would be restricted also and used now only on their meat allowance which was to be reduced at this time to only four times a week. We mutually agreed that these steps as outlined would prove helpful. Additionally, they were to extend their walking now from 30 minutes to one hour daily. On leaving they were given an assignment: they were to read Dr. Shelton's book, *Fasting Can Save Your Life!* They promised to do so.

Before the month was up, Joe and Julia telephoned to make an earlier appointment. They were excited about fasting. Joe had lost a full ten pounds, the first time he had really been able to accomplish such a weight loss without "starving" himself, as he put it. While not yet mentally prepared to fast, they both wanted to get on with their program. A fast? Well, that was another matter. That would require considerably more study and personal evaluation.

So, we made some new assignments. They were to study all about food combining and to plan their daily food intake according to a three-meals-per-day format and to keep a daily record of their food intake for purposes of review by us.

The formats suggested were:

1. First Meal - A variety of like fruits (up to three different, but compatible, kinds; plus celery.
2. Second Meal - A large salad with either a baked or steamed potato, or baked brown rice.
3. Third Meal - Medium Salad
   Steamed green vegetable(s)
   Protein

For the protein meal, they were to restrict their flesh intake now to but two servings a week approximately three ounces of either lean lamb or poultry. One day per week, they could have either coddled or poached eggs or cottage cheese. The remaining four days of the week they were to serve their choice of any of the following: one whole medium avocado, four ounces of their choice of pecans, walnuts, almonds or Brazil nuts; or two tablespoonsful of sunflower or pumpkin seeds.

As a learning experience for them, we requested that they keep a food diary which we could review together. They agreed that this might prove helpful.

It is not necessary at this point to tell how Joe and Julia progressed each month and precisely what changes were made other than to say that within eight months, they were eating only two meals per day, Joe had reduced to about 250 pounds and both he and his wife were well pleased with their progress. Neither had experienced any undue healing crises although Julia had suffered from an uncomfortable itching sensation for a period of a few weeks.

Thus it was that Joe and Julia agreed it was now time for them to begin to fast, but they would do it on their own and would not go to a fasting institution, this in spite of our recommendation that they would be better served by doing so.

Shortly they successfully accomplished their first three-day fast. Julia reported that on the third day she had fainted and had immediately taken some fruit juice and thus did not quite complete her fast. Once this was accomplished and behind them, they agreed that they were ready to proceed on their own and advised us that they would report in to us every three months.

And so they did, most faithfully. They progressed from three to five days and then to seven. Julia fasted for seven days first. Then they took turns. As one fasted, the other stood by, ready to step in should the need arise. However, all went exceedingly well. Joe amazed us all with how well he stood up during these weeks. He had so much vitality, as a matter of fact, that while fasting five days he was able to work in his garden for hours on end, even though he had been advised it would be far better for him to conserve his valuable energy reserves for the healing effort.

At the end of 18 months, Joe weighed 205 pounds. He had reached his pre-set goal, but he now realized that his original ideas about himself and how nature works had been somewhat in error and that it would now just be a matter of time until his own self dictated what his normal weight should be. Both he and Julia looked at least 10 years younger than when they first began this new adventure into the fasting experience. They were now confirmed Hygienists and were fasting 36 hours every week.

We have presented this case study to illustrate that sometimes we will have clients who are determined, for one reason or another, to "go their own way," to some extent. While they may lean on the practitioner in some matters since they do respect, to a certain degree his/her judgment, background and experience,

they still have such explicit confidence in their own intelligence always to make correct choices, that they become somewhat difficult to work with. As practitioners, we must recognize that highly-intelligent individuals are somewhat locked in their egos; they are often difficult to work with. We have a choice to make: 1. To dismiss them as beyond our ability to cope, or 2. To help them as best we can through education and thus minimize their errors.

If we choose the latter course, one we personally prefer since such persons represent a real challenge, then we must guide carefully and have patience and understanding. Generally speaking, their innate intelligence and willingness to learn will lead them to make more correct choices than otherwise. And making incorrect choices, as any experienced Hygienist can testify, can be a great learning experience!

6.4 Case Study—Susie and Bill

In relating clients' case studies, we rarely use correct names. All matters discussed between the client and the practitioner should remain private. However, the people are real even though their identity remains their own private space. Their problems were their own as were their solutions and results—all were *very* real. We can all learn from their experiences, from their triumphs and from their rare defeats.

Susie and Bill are to be commended. They have diligently worked and their bodies have accomplished an amazing return from severe long-established chronic conditions to a superb state of health. They have accomplished this, too, without the continued guidance of a Hygienist except for an occasional consultation plus periodic telephone counseling sessions.

Susie, like so many other women in their middle sixties, suffered from a painful arthritic condition which had caused her to retire early from her work as a dress designer. Bill had a rather severe skin ailment which had bothered him from time to time for many years: a type of granuloma. Susie and her husband had been on medications of various kind for many years.

With this couple, the wife was the leader. She insisted that Dr. Robert do a bionutritional blood test analysis and profile for each of them. She next began to take a class in Applied Nutrition and was soon followed in this effort by her husband. It was not long before Bill became just as devoted to health-building as Susie.

Their first initial changes were made in meal planning. Bill began to garden. When possible they drove to ranches in and around the Tucson area to pick fruit and obtain fresh vegetables which they did not grow themselves.

Susie bravely took the first 24-hour fast. Bill held back, a bit reluctant to take this "drastic" step. Next, came the 36-hour fast, then a series of three-day fasts. Susie took them all in her stride and began to notice small improvements. Inspired by Susie's example and her improvement, Bill finally began his own fasting schedule. He really was brave: he began by skipping breakfast! But, it wasn't too long before they were both taking turns, fasting from three to five days. They carefully monitored one another while fasting, recording temperature, respiratory rate, and pulse according to a rigid schedule:

1. On arising
2. At noon
3. At bedtime

The first five-day fast was taken by Susie and she found it more trying than her previous shorter fasts in that, on the fifth day, she experienced so much pain that she broke the fast abruptly and while still in pain. As a consequence of this error, she found it extremely difficult to regain the weight she had lost both during and subsequent to the fast. She reported that she also felt very tired at times, much moreso than she had felt before.

About six months ago Bill fasted for five days and just recently reported that he was, at that moment, on the third day of his second five-day fast.

This couple have been on a Hygienic program now for over four years. Needless to say, both have accrued much benefit from their learning experience. Susie has made a complete recovery from her arthritis. Her vitality is simply amazing, the admiration of all her friends and relatives. Bill's skin ailment is well under control now but he is not completely free of lesions. He weighs a trim 135 pounds. Both look extremely well and happy.

They are both well-pleased with what following a sound Hygienic program coupled with periodic short fasts has accomplished for them and are only too happy to share their experiences with others whenever we schedule a lecture or have a potluck. They are very caring people and demonstrate it in their smiles and willingness to give the gift of health to others. They are unstinting in their praise, too, for the ones who, from time to time, guided them during their transition. Recently we were their guests for dinner.

While at the restaurant, we chanced to meet another nonHygienic couple whom we know. With a beaming smile, following introductions, Bill said, "These people have given me 20 more years to live and enjoy my life!"

It is results like these that we practitioners can impart to hesitant clients. In and of themselves they can be a learning experience with great value. Additionally, the method, the steps taken by Bill and Susie may prove useful to other individuals and/or couples from time to time. With Bill, remember he started by missing his first breakfast!

6.5 Case Study—Ethel

Ethel, like so many of our students, began her Hygienic debut as a student in one of our public courses. Rather quickly, realizing her need, she became a private student.

Ethel was afflicted with many ailments, including extreme nervousness (she was almost hysterical), rheumatic involvements, skin problems, constipation, adrenal insufficiency, digestive troubles including passage of enormous quantities of gas; additionally, she was extremely depressed and enervated. There were also family troubles which were emotionally quite trying and no doubt these had contributed in a major way to her rather neurotic state. At times Ethel just didn't appear to be a participant in the real world, but lived instead in a closed society of her own making.

In her middle 40s, Ethel had been on a medical merry-go-round for over 20 years. She had had it all! However, fortunately, she had escaped surgical intervention, possibly because for the last 12 years she had been under the care of an elderly chiropractic physician who dutifully kept her "propped up" with hormones and vitamins and other supplements and did not insist on her seeing a medical doctor. While debilitated to the extreme and somewhat confused, we felt she had sufficient vitality on which to build and, in the end, this conclusion was verified by the happy results which, in due course, followed.

This particular woman began her fast in the late summer. For the better part of a year she had been under our care. She had gradually been introduced to a program which included improved nutrition, exercise and all the other Biodynamics of Life as and when they could be utilized, including having been, from time to time, schooled in the art of fasting.

Our client first began with a series of 24-hour fasts. She then went on the Transition Diet for a period of two weeks. Our students will recall that this regimen combines juices with two fruit meals per day. She rapidly advanced to three-day fasts, all of which were extremely well-tolerated by her.

During this time Ethel's condition had steadily improved until the time came when we felt she was in a condition to warrant a longer fast at an institution under expert guidance. Ethel, fully realizing the fact that she had improved steadily under some simple Hygienic care after a fruitless search for improved health for over 20 years, was eager for this new adventure. Arrangements were made for her to fast at Dr. Shelton's Health School and off she went.

We had asked this particular client to keep a diary. We were especially eager for her to do so because of her long history of being on various medications, including cortisone, various antibiotics, and hormones.

She had also taken much aspirin and other pain killers and had been on megavitamin "therapy" for the last 12 years. No medication or supplements of any kind had been taken during the previous six months.

We recount her experience in her own words because they give us a rather vivid account of what can happen during a longer fast and especially when drugs have been taken for many years, but it also demonstrates how this one woman, well-fortified with knowledge about fasting, was able to go on in spite of all that happened during and subsequent to her initial longer fast.

6.6 Ethel's Diary

First Day - Ate my last meal at noon.

Day Two - My case history was taken.

Day Three - The second day of my total fast. I am starting to feel very weak. My chest feels very heavy. I can hardly breathe. The lymphatic glands under and down my arm ache terribly and my left knee has been aching all night. In fact, I had to apply heat to it all night. I'm awfully hungry.

Day Four - Unable to sleep. Too much pain. Pain in my knees, my chest, my hips and lower back. I crawled out of bed, got a blanket and wrapped it around me and huddled under a pile of other covers. I also had a heating pad and hot water bottles all around me. Chills, pain and more chills. I'm really hungry now but don't much fancy eating anything. Just too much pain.

Day Five - I ached all over, all day. No sleep. Same program as last night. Hurt too much to write any more.

Day Six - Ached all night again. Only got an hour of sleep. Don't feel hunger at all today. Sat up most of today. My legs don't ache quite so much when I sit up. In bed, I can hardly stand them.

Day Seven - Went to lobby. Slept really well last night. Awoke about 4 a.m. Legs at it again, ached. Sat outside a while today and then took a steam bath for about 30 minutes. That made me feel very weak. Went to bed and stayed there all afternoon. When I woke up, I found my stomach all covered with spots. Surprisingly enough, I felt real good this morning.

Day Eight - Golly, am I weak! Still have rash. I had a nose bleed this morning, too. Only got up twice today. Knees and hips real painful. Heating pad helps some, but not much.

Day Nine - Feel pretty good, but awfully weak. Sat outside some in the sun. For the past three days, these pimples have been itching and I have had nose bleeds off and on, too.

Day Ten - Feel fine. Sat in the sun for almost a half hour. And then in shade for several hours. Good day!

Day Eleven - Woke up with sore gums. They got little bumps all over them. Sore throat, too, and a fever sore on my lip. Can't control the gas. It seems to come out through the vagina and rectum both. Sometimes it just piles up in me and its hard to expel it. Pimples on ray stomach again and now on my legs. My lips are very sore.

Day Twelve - The eleventh day of my fast. I feel very weary, very tired. Pimples are all over my stomach and now in the vaginal area. Some of them are forming pus heads, but we haven't seen any pus. Received a thorough examination today, which really relieved my mind.

Day Thirteen - Had my first bowel movement and it was very odoriferous. More breaking out on my legs. I am so awfully weak. I could hardly make it back to the bed after that trip to the bathroom. And then I kept turning and tossing. My stomach is aching just awful. Did manage to crawl out of bed to fix a hot water bottle. No one else around. After that I fell asleep. I slept until after 4 and then I sat up a while but had to go back to bed again. So terribly, terribly weak.

Day Fourteen - I have been fasting now for thirteen days. I am so tired. My chest still hurts bad.

Day Fifteen - Day 14 of my fast. Very weak and tired. Haven't had to use any blankets now for the last

two or three days. No real pain today. Just very, very weak.

Day Sixteen - Broke my fast.

As the student can see, this fast was concluded before the return of hunger and even before her tongue had cleared or she had experienced any return of vitality. She remained for another week at the School. She knew she should have remained longer to permit a fuller recovery but, for financial reasons, she had to return home.

However, she immediately called us and, under our guidance, she carefully followed a prescribed regimen which emphasized rest. She adopted a greatly restricted all-raw-food diet which consisted of two mono fruit meals plus one salad meal composed of four vegetables, two of which were lettuce and sprouts. Every two months, she fasted for seven days and after six months, she undertook to fast for ten days and this on her own.

It might prove of interest to our students to observe what happened in the days immediately following her return from Shelton's School.

Day 1. Before I got through with my lunch, I had a bowel movement that filled the commode. I was sick at the stomach for the rest of the day. Dr. McCarter told me to stay in bed and rest.

Day 20. Swollen feet. Bad sinus trouble.

Day 21. Feet still swollen. Nauseous. Had watermelon for supper. Still have those pimples on my stomach. Dr. McCarter tells me to be patient, that they'll soon heal.

Day 22. Swollen feet yet. Pimples on stomach and legs again. My eyes just feel sick and I have diarrhea.

Day 23. Feel pretty good today.

Day 24. Feel pretty well.

Day 27. Didn't feel at all well tonight. Ate a lot of melon. Too much, I guess.

Day 28. Been feeling well, at least better, up until today. Felt "icky" after my noon meal of lettuce and nuts. Had BM three or four times during the last four days. Feel terrible tonight. Had some more watermelon.

Day 29. Slept outside for almost 3 hours. My arm hurt. Stomach ached. Had to use the hot water bottle again.

Day 30. Didn't feel well all day.

Day 31. Fasted. Didn't know what else to do. Dr. McCarter said it was okay. Slept two hours. Weak. Finally had BM. Felt better.

Day 32. Stomach hurt all day.

Day 33. Stomach fells better. Didn't eat this morning. Had avocado, alfalfa sprouts and tomato for lunch. For dinner, the same. Did eat a few nuts
later on.

Day 34. Stomach feels better. Light lunch. Just nuts this evening. Felt quite well today.

Six Days Later. Fasted for three days. Stayed in bed. Not too bad.

First day after the 3-day fast. Felt good.

Second day after the 3-day fast. Felt great! Better than I have felt for the last 20 years. Just absolutely GREAT!

Ethel continued to make so much progress that even her friends began to comment on how well she was looking. Her complexion became radiantly "alive." Her voice, which had been high pitched, developed more quality and depth to it. She had a sparkle about her that was entirely missing before she began to

fast.

Much of the follow-up discomfort this woman experienced might well have been avoided if she had been able to continue her original fast at least until all her pain had disappeared and, better yet, of course until the return of hunger. As it was, only a partial cleansing of a highly-toxic body took place and this, too, while the poisons were still in flux, but, as we have seen, in spite of all her pain and discomfort, this woman had been so well-prepared for her fast, that she persisted and continued her Hygienic transition. Within the year, she was back at Shelton's and fasted for another 14 days, this time with little or no discomfort.

How does this client feel about fasting? She has continued to fast one day every week, three days once a month and, every two months, she fasts for five days. In fact, we have to put the reins on her to keep her from fasting too frequently. She "checks in" every three months at which time we evaluate her experiences and her progress. Instead of sledriding down hill as she had been doing all those previous years, she is now confident that she is on the right path, using nature's own methods and tools. She has become radiantly beautiful and, if it were not for her still existing family disorientation, she would be at peace, not only physically, but also mentally and spiritually. Under great odds this woman has accomplished a small miracle. She has successfully confronted her Self, has weeded out all the worms of doubt and, with deep conviction, has removed herself not only from the bondage of the current mass hysteria but also from her previous addiction *to her own pet beliefs*. She knows with a certainty that is unshakeable that she is one with nature and thus fears nothing that nature has to offer. She has learned the laws of life and they are serving her well.

6.7 Case Study—Rachel—Her Story

We will let Rachel tell her own experience with fasting. She tells it so much better than we could ever do because she tells it from her heart. When this was written, Rachel was in her late sixties. In her own words, this is Rachel's story:

> "My name is Rachel. I have been asked to speak about my experience with fasting and its benefits on the body. And I'll tell you how I learned about the Shelton School of Health where health is built, not bought."
>
> "I'll start by telling you how it all began. In early January of 1979, I started bleeding from the uterus, and hoping that it would go away. After it stopped for a while, I did nothing. In February, a friend asked me if I'd like to attend some nutrition classes given by Dr. Elizabeth McCarter, and after finding out the fee, I said, 'I can't possibly afford it!' My friend, however, told me that the first class was free, and said, 'Why don't you go?' So, I agreed.
>
> "At this class I was convinced of all the things I was doing wrong for my body and, after attending all the sessions, I was convinced that this was money well spent.
>
> "While Dr. McCarter spoke she also told us about Dr. Shelton's book which she carries with her in these sessions, and how she recovered her own health some fifteen years ago by following the rules outlined in his book. She had learned about the importance of fasting and its help in building the body back to health. (Editor's note: It was actually considerably later that we learned about Dr. Shelton and about fasting, but it was about this time that we began our search for healing.)
>
> "At one of the classes my bleeding had again started, and I asked Dr. McCarter what I should do, and she said, 'Fast and rest.' I went home, missed one meal and my husband, Al, wouldn't hear of any more of that. My bleeding stopped again, until the first of May, when it started again. I knew I had to find out if something was the matter, so after three doctors from May

11th to the 14th, I was to have a DNC on Thursday, May 17.

"On the 19th, the doctor called to tell me, 'You have cancer! We'll set a date for an hysterectomy as soon as you have an IVP, lower GI, and X rays of the bladder, chest, etc' 'The works,' as he put it.

"Again I called Dr. McCarter and told her I didn't want to go through all of this as I had had two major surgeries in the past and problems with both. Since her talk in class I had been wanting to cleanse my body by fasting, but never thought I'd ever have to do it, but I could see now was the time to consider it. So, I sought the Lord's guidance in prayers. These are the very words that flashed in my mind:

'Abide in Me.' 'Greater is He that is in you than he that is in the world.' And 'I will purify you, I will cleanse you, I will make you white as snow.' I was so thrilled and surprised as I had wanted my body cleansed, and felt this was my answer from God.

"On Tuesday night I finally told Al about my condition. He was shocked and wanted me to have the surgery. Instead, I presented him with three alternatives since I felt this was my body; that I, too, should have a choice. I told him about Tijuana and the laetrile therapy, and about Dr. Shelton's School of Health in San Antonio, Texas. The third choice was simply to continue to lie around and rot.

"Al said, 'Not Tijuana!' And thus it was, our choice was to lead me to Texas.

"I called Dr. Vetrano at the school to see if they could accept me and, when she heard about my problem she advised me not to have the X rays and all the rest but to 'come as soon as you can.' We set the date for the third day after that. So, I cashed in all my stocks so as not to worry my husband with anything. I had enough to buy my plane ticket, a few travelers' checks and to cover my stay at the School.

"On my arrival I felt strange. Here I was alone, in a strange town, and down in spirit because of all the opposition from so many people including most of my family, something which hurt me more than my condition. Besides never having fasted in my whole life, I can truthfully say that I was really frightened.

"... Feeling the way I did, I told one of the doctors there that I wasn't sure this is what I wanted and, in fact, I called some friends who lived in San Antonio to come for me. While I waited, however, two ladies who had finished fasting talked to me about it and said, 'Since you have come so far and it will do you so much good, you ought to stay.' My worried friends arrived and I asked them to sit down with me to talk about it. They listened quietly and when I had finished, I told them I felt much better about it all and would stay. It frightens me now to think that, in a split second, I could have thrown down the drain all I had set out to do for my body, and this experience alone was a worthwhile lesson for me. I thank the Lord again for helping me and keeping me there.

"I was not to begin fasting for two more days, so I decided .until then to interview the patients and get some information I wanted. When you fast, you are to remain quiet, talk little, walk slowly, etc. Let me tell you about some of the people I interviewed that day.

"One lady, only 25 years of age, showed me a small lump on her hand which she said had been as big as an English walnut, and after fasting 27 days, this was all the remained. She

stayed two weeks longer and all of it had vanished. She left one week before me and returned the following Friday night to bring me a bouquet of flowers from the florist.

"Another lady, I'd say in her forties, who was in a wheelchair with muscular dystrophy, the wife of an M.D., who came against her husband's will to fast and had finished seven days of fasting. Soon after I came she had discarded her braces and was walking. She was so excited, as all of us were, when she told us she hadn't walked in years. She called her husband and he didn't believe her. She was so thrilled with the results of the fasting that she was on her second seven-day fast when I left.

"One man and his wife had just finished a 30-day fast. Five years ago they had been there. He is an M.D. They found cancer in his lungs and had scheduled surgery. He heard about the School and decided to try it. They also fasted 30 days and rested 30 days, went back home for more X rays and his lungs had cleared.

"An older man from Puerto Rico has been coming to the school since 1954. As I talked to him I could see the small print in the book he was reading—and without glasses, too.

"A lady in her seventies, her son an M.D. in Texas. She lives in New York but also has a home in Germany. She came against her son's wishes because she had doctored with five physicians for years with fungus in her ears, under her nails, and her heart bothered her. She wasn't worried too much about her nails, just so she could get some relief for her ears. Well, in seven days of fasting, her ears and nails both cleared up. And she also had had hemorrhoids ever since her son had been born. She sunned these daily in the Solarium and she said that they, too, had dried up. She will go home a happy person.

"One of my roommates was a young girl, very stout who had fasted 27 days. She lost fifty pounds, and she had also had a yeast infection—whatever that is—and it had also left her. When she returned home, she called to see how I was. Everyone at the School was so nice, just like a big happy family, all there for one purpose, to get their health back.

A man in his late 60s drove all the way from Indiana. One day I was sitting in the lobby while fasting and he came up the steps two at a time. I commented, 'You can tell you are not fasting.' He said, 'Oh, Yes! I still have another week to go for my 30th day!' He stayed until the day I left.

"I could go on and on. About 100 people from all over the world were here. My fast was fourteen days and I felt that I should have gone on to at least 21 for nature had not told me to quit: my tongue was still coated and my throat in back didn't tell me I was hungry but the lump in my breast the doctor wanted to take out when I had the DNC had disappeared.

"We had so many young people there fasting, which made me happy that they are learning so early in life how important your health is. In the lectures we learned what to expect during fasting, which made it easier for us. I had no problems since I gave up coffee after Dr. Elizabeth's classes and I took no drugs. Your body will smell, your mouth will fill with a salty, bitter saliva; your legs and parts of your body will ache, a backlash from those drugs in your past; the urine will darken, and many other things might happen. But, it will all be for good. You will have to shower more often and brush your teeth. You will not be given drugs, enemas, pills, coffee, liquor, cigarettes, cooked food, milk—nothing except pure water, pure fruits, vegetables, and nuts—raw—the last three only after you have finished fasting. You are to remain the same time longer as the time taken to fast, in order for you to recover

properly. This is important, I found out.

"Wouldn't it be nice if all the surgeons who have patients ready for an operation would say to them, 'Go home and fast for fourteen days and if you still need surgery, then we will operate.' Just think of how many would not need that surgery! For, by fasting, you rid your body of the toxins that are causing your problem in the first place, and when surgery takes place, your organs are removed, but you still have the poisons to cause more problems, for still more organs to be removed. Besides all that, you will be given more drugs and shots and pills and hard telling what else which also adds to your problem.

Some of the churches, not mine, are building their own hospitals. Wouldn't it be nice if these were used as Schools of Health, like Dr. Shelton's, where we might go and cleanse our bodies, and keep our organs? I purchased Dr. Shelton's tapes. I'd like all of you to hear them. He tells it like it is. (Wonderful to use at group meetings—the Authors.) "This is the way I feel about sickness:

1. Seek God's guidance first.
2. Fast. This is mentioned so much in the Bible.
3. Eat the fruits, vegetables and nuts just as He gave them to us—raw. If only we will do this, we will live a healthy life.

We have let Rachel tell her own story because it demonstrates so well some of the points we have made in this lesson and in our lesson on the elderly. Not all, of course, but most of our clients are at least of middle-age, most are older. They bear the imprinting of all their past days, months and years. They all, even the very young, come to the practitioner with their private hidden fears. Prior to their seeking Hygienic counseling, many have been engaged for years in a life-and-death balancing act, trying this, that and the other "cure." Many, if not all, have had significant psychological problems, chief among which have been depression and varying mood swings. Many of their friends and relatives to whom they look for support respond negatively, even to the point where they judge them to be crazy. It becomes the job of the practitioner to show them they are not.

Few practicing healers, regardless of in what discipline they may work, comprehend that long-term illness of itself has a devastating effect on the emotional well-being. Multiple stresses arise and they certainly do not go away when first the client enters a Hygienist's office. In fact, they may well multiply. Suddenly, they are offered hope to replace despair; action to replace inaction. All this can be stressful, too.

All this can be especially true when it comes to fasting. Just as Rachel indicated, thinking about the possibility of not eating is a totally new experience. Such a thought can actually terrify timid individuals. But, have our students taken note of how Rachel's fears were quieted by hearing other people talk about *their* experiences with fasting? What she heard broke through the psychological barrier and prepared her mentally and emotionally. In fact, she went so far as to anticipate the benefits accruing to her by fasting. She began to build up positive mental images of future wellness, these in and of themselves, being conducive to good results.

Clients must be prepared by the practitioner to accept fasting as something which will specifically help *them*. Rachel was prepared before she went to Shelton's School, but she retained hidden fears. Clients can be helped across inner barriers by individual testimonies like Rachel's (it was given by her at one of our group meetings), by classes such as the ones Rachel attended, these being offered to the public for a fee. We hope our students noticed that the first class was offered FREE! Case studies such as we have cited often prove very helpful in acquainting clients with what fasting has to offer and, of course, Hygienic literature offers a wide range of these.

And, did our students observe how varied the fasters were in Rachel's account? How different were their

problems but, in every instance, through fasting, they obtained favorable results. Did our students also note that many, like Rachel, encountered family resistance which they had to overcome? And did our students observe that the fasters received emotional support and guidance from other fasters? These are among the many valuable lessons we can learn from Rachel's account.

We kept in touch with Rachel for a year or so but have now lost contact with her. We know that she periodically continued to fast on her own and became an enthusiastic supporter of the Natural Hygiene way of life.

Rachel was prepared to accept fasting as an opportunity for her to recover her own higher level of health, rather than a means of depriving her and placing her life at risk. Our society wants instant "cures," of which there are none. They are fascinated by the magic of a heart transplant, for example, and fail to look beyond the implant to the years of worry, concern and always-present fear of sudden death from rejection by Self. It takes someone very special to take the steps that Rachel took to overcome the psychological buzz-sawing to which our people are constantly subjected on all sides. It also takes someone very special to guide troubled clients into and through a successful fast. This is what Rachel did and this is how she did it:

1. Being frightened by a personal physical problem, she took a course in Natural Hygiene; others seek solutions elsewhere.
2. During her class sessions, she learned how to eat, and how to live so that the precise needs of her body would be met.
3. She learned about the Toxemia Theory and about the seven steps in the evolution of pathology.
4. She learned about fasting and decided she loved herself enough to try this method of body cleansing.
5. She decided to make a change, to desert orthodoxy: the proposed surgery, the X rays, the drugs, in favor of Nature's own way of cleansing—self-autolysis; she decided to fast.
6. She began to plan. Step by step she made the necessary arrangements, prepared her family, got her finances, together, etc.
7. She began to work her plan.
8. She persevered and was successful. Her life, like so many others who have preceded her, is no longer being lived in the shadows of fear. That can be the priceless reward of teaching our clients all about fasting.

7. Useful Assigments For Reluctant Fasters

Reluctant fasters are child personalities in adult bodies. They are prisoners of prior imprinting. With such it may be useful to make the following assignment:

1. Write down how much you like yourself and tell why. Be specific.
2. Are you scared of the future? If so, tell what is bothering you.
3. Would you like to change? If so, why?
4. Tell how you would like to change. For example, if you suffer from disfiguring skin lesions, you might like to get rid of these. Put this down. Would you like to be more mentally alert? If so, that should go on your list, too.
5. Do you have any method or plan at the present to bring about the changes you would like to make? Tell us about it.
6. How do you think you can accomplish all this?

7. Have you given any thought to fasting as a means of helping you to change? If not, why not? Can we assist you to make a decision?

These are just sample questions to assign from time to time as you work with clients. Getting private thoughts, desires, ambitions down in writing can often open the door to Action so that the bridge between the desire for something and the *accomplishment* of same can be successfully travelled.

In working with your clients remember, too, that short-term pay-offs are pleasurable and very important to your clients. They need to be made aware of them from time to time. Also, they should be aware of the fact that while small successes *do* add up in time, the ultimate health benefits will accrue only to those fully adult persons who desert their media-inspired, culturally-fostered and lifelong patterns of living and choose, intelligently and with dedication, the life-long rewards which the fasting experience will certainly bring.

8. The Elderly Client And Fasting

In a previous lesson we have commented that those few persons who survive to an advanced age in today's polluted and frenzied environment, are the "tough ones." In order to survive, they have demonstrated not only physical stamina, but also mental stamina, this being witnessed by the very fact that they have, if mentally sound, successfully overcome all the many and varied kinds of emotional assaults that can arise to trouble all of us as we travel on that train that seems to gallop us all through life. Each problem situation as it arose had to be evaluated by these people, and then dealt with as they saw fit.

The elderly clients who seek the advice of a Hygienic practitioner will, in most instances, listen carefully to what they hear, they will read the printed materials carefully, will listen to the stories by others in group meetings and in lectures, but then they will reach their own conclusions, whatever these may be: they will either find merit in their new knowledge or will discount it as not worthy of their trust.

If, in their view and according to their past indoctrination, they find their newly-acquired knowledge sound, they will be more inclined to follow the Hygienist's recommendations; if not, they will be reluctant, hesitant to do so. With emotional reservations, they may adopt whatever regimen is set forth.

Many times clients will come to the practitioner exhausted, both physically and mentally but, nevertheless, they will have in reserve sufficient strength to resist change, especially if it is too abrupt. Therefore, we have found it advisable to advance rather slowly with our elderly clients. This is especially so when we believe that eventually a fast may be needed to bring about a successful resolution of a particular condition, say a chronic ailment of long duration.

In such cases we suggest the advisability of a prolonged fast immediately but then we "back away," offering an alternative regimen which begins with simple dietary and other suggestions. We then proceed on a planned program of detoxification that is even more prolonged than the one detailed in the lesson on hair. However, we do proceed as circumstances seem to indicate the time is at hand to move forward.

8.1 Transition into Fasting by the Elderly

Step One
An all-fruit day once each week, each meal to consist of one, two or three compatible fruits. Examples supplied to each client as, for example:

Oranges
Oranges and strawberries Grapes
Bananas
Bananas and dates, etc.
To be continued for two weeks.

Step Two
An all-fruit day once each week with no more than two fruits to be served at all three meals

To be continued for two weeks.

Step Three
TWO all fruit days per week, one of which is now a mono fruit day, the other permitting a variety of two fruits per meal

To be continued for two weeks.

Step Four
One mono fruit day per week

One partial fast day—only two fruit meals permitted on this day

Thus, two days per week are now divided between a mono and a two-fruit-meals-per-day regimen

To be continued for one month.

Step Five
One mono fruit day per week.
One 24-hour fast day per week.
To be continued for one month.

Step Six
One mono fruit day per week

One 36-hour fast day every other week

To be continued for one month

Many elderly people will progress this far but will not progress any further. With a few, the practitioner may find them prepared emotionally to advance as follows:

Step Seven
One mono fruit day.

One 48-hour fast every other week.

Step seven should be followed for several months after which it would be appropriate to suggest that the client now fast one day each week and perhaps even a three-day fast once a month.

Using this step-by-step progression, the student will observe how easy it would be, should it prove necessary, to put a client on "hold," until such time as s/he would feel comfortable; or even to back track a step, should that prove necessary. Using this method demonstrates to the client that you are working with him/her and in his/her best interests. Few elderly clients appreciate being "pushed" into strange and unfamiliar territory, which fasting undoubtedly is, too fast. We must always strive to work within their levels of acceptance.

Few experienced Hygienists will permit an elderly client to fast at home, on his own, for longer than three days or longer than ten days even at a fasting institution under close supervision. The reasons should be obvious:

1. Their bodies bear the imprinting of many years of incorrect living. It is impossible to predict what biological storm might erupt to throw an unknowledgeable and uneasy client into a panic

state, always a dangerous situation, which could even prove fatal.
2. The reserves of the elderly are generally limited and it is often exceedingly difficult for an older person to regain the weight lost during the fasting period.

Thus it is that we should be extremely thorough in our instructions and careful in working with clients as we teach them about fasting. In fact, it is far better to be cautious to the extreme than to risk negative responses, either emotional or physical. This is true with all clients but especially important when working with the elderly persons who seek our help.

9. The Learning Experience

This lesson on teaching fasting to clients is intended as a learning experience for practitioners, a growing. Its intent is to open up avenues of thinking which can then be translated into methods to be used in the instruction of newcomers to fasting.

As our students have no doubt observed, we have not tried to hide the fact that, at times and with seriously-ill and/or highly-medicated or neurotic individuals, the fasting experience can be quite trying. This you should know.

It is our belief that everything we teach should be firmly rooted and have its bases in physiological, biological and anatomical truths and that the more the practitioner knows about the mysteries of and the many possible experiences and/or problems possible while fasting, the better prepared s/he will be to teach clients about this important healing aid.

There are several aspects to be considered in teaching our clients about fasting. In order, these are:

1. First orientation
2. Personal needs of each client
3. Personal adjustments that may be required as the client considers the possibility of his/her resorting to a fast
    a. Overcoming fear
    b. Overcoming anxiety and the loneliness of the fast itself
    c. Making necessary economic adjustments
    d. The obtaining of comfort while fasting
        I. Physical
        II. Emotional
4. Due consideration of past indiscretions and the extent of the existing physical decay as they may influence:
    a. Length of fast—the determining factors
    b. Intensity, extensiveness, and possible frequency of healing crises while fasting, as well as kind of symptoms

Each of these subjects has been addressed in some degree, many in an oblique manner as revealed in the several case studies of fasting clients.

9.1 Be Prepared

In teaching clients about fasting, it is well to be prepared. It is our feeling that our students are better prepared in this respect than students in any other healing discipline. However, we follow with some basic guidelines for students to consider as they work with their clients.

1. Be prepared. Know your subject and have some very definite points you wish your clients to consider at this time in learning about Natural Hygiene's principles and practices.
2. Cultivate a listening ear. Hear what your client's specific concerns are, not what you may *think* they are. Identify them as emotional? Economic? Real? Or fancied?
3. Be explicit in explanations. Don't hem and haw about or evade answering questions. Be open and direct, not evasive. If you don't know, say so but be sure you attempt to find the answer and then communicate your answer to your client.
4. Encourage your clients to ask questions about fasting and related subjects. They may reveal hidden fears and anxieties which can be cleared up at the onset of the learning session. Questions may also provide a grand opportunity for the practitioner to suggest certain reading materials to the client. His interest in a particular subject can then be enlarged and addressed.
5. Don't cover too much at any one session. Decide on specific aspects of fasting you wish to cover and then try to "remain on target." For example, a series of discussions might well address the following topics «and in the order given:
    a. What is fasting? How does it differ from starvation? Historical background and some of the reasons why people have fasted in the past, and also in the present.
    b. Why should a person fast? What is meant when we say that the mind is in control?
    c. Who should fast? Dr. Buchinger's list and our own list of other reasons for fasting may be a good place to start.
    d. A follow-up of "c" with various case studies to be considered at the session and then taken home by the client for re-reading.
    e. Where are suitable fasting facilities to be found? How much does it cost? Type of facilities, what to expect, etc. All information given should be as specific as possible.
    f. Healing crises while fasting. What happens within the body?

10. Questions & Answers

I fully understand that fasting would help me with my sinus trouble. I also suffer from constipation and digestive troubles although both of these are responding to my improved diet. However my family, and especially my husband, are totally against my missing a single meal, never mind going on a prolonged fast that may last two or three weeks. How can one resolve a problem like that?

> Family opposition such as you describe may not be capable of full solution. From time to time we have family group meetings. If your husband would come to some of these, he might learn something about fasting and eventually give his consent for you to embark on a prolonged fast. If not, then continue on your present Hygienic path, being sure to meet all your body needs adequately. Miss a meal occasionally, several if and when you can. Healthful practices add up, in time, to major health benefits. It will just take you longer.

Will fasting help a person with a mental condition?

> It all depends upon the underlying cause of the mental condition. If, for example, it is due to some kind of mechanical malconstruction, then it is doubtful that a fast would be of much, if any, benefit. However, if the sickness has come about through unhealthful eating and living practices which have in turn produced an inner toxic state, then the fast might be conducive to healing. It would all depend, of course, upon how much irreparable brain damage had

occurred. However, in any case, a fast is worth trying before other, perhaps more dangerous, practices (such as surgery, hypnotism, and the like) be resorted to.

Isn't the fear of fasting an irrational fear?

It may well be, but it can be very real to the person thus afflicted, so real, in fact, that it can prevent his ever beginning a perhaps badly needed fast or it could actually produce great harm should the person who is overcome with fear nevertheless attempt to fast. This is why we emphasize the need not only to acquaint clients with the fasting concept but also to school them thoroughly before they undergo even a rather short fast. We should remember that best results are always obtained when a client has explicit faith in the fasting procedure and, also, in the practitioner.

Why is it that fasting is beneficial in some conditions, but less so with others?

That is a good question and one that perhaps needs to be addressed more in our studies. People are different. Diseases, with a few exceptions, all have a common cause, namely a toxic state of the body brought about by multiple errors in living and eating, these sustained over a varying amount of time by each individual and in differing ways and intensities. The greater the number of assaults, the intensity of the assaults, the kind of morbidity developed —all such will determine the nature of the condition and the extent of wasting of vital force which has subsequently ensued. Now if nerve tissue has been completely destroyed, it will be irreparable. Once braindamaged, always brain-damaged. If bones have been grossly abused, then full recovery may be impossible. Just as individuals differ in their respective backgrounds and life experiences, so will the forthcoming results of a fast differ. Additionally, the attitude of the fasting person will influence, either for good or bad, the results of a fast

However, let us emphasize that, regardless of the nature of the illness, if the individual embarks on a fast by first becoming well informed about the fast, what to expect from the fast, etc., s/he will receive benefit from it in many ways, chief among which will be a greater systemic peacefulness. Even in terminal cases, the patient's last days can be made more comfortable when the fluids of the body have once been cleansed.

I am still at a loss to know just how we can tell when a fast should be broken. Can you perhaps clarify that for me?

Most Hygienists will agree that it is impossible to tell, in advance, just when to break a fast. It is important to make this point clear to your students. Ideally no time limit should be set forth at the onset of the fasting experience. The fast should, and again let us say, ideally, continue until certain definite signs appear. The return of natural and usually quite acute hunger is probably the most important sign that the need to continue the fast has ended and that the person should now begin to take in food. This is a sure sign that the digestive system is ready to receive, process, and absorb nourishment and, further, that the system is ready to assimilate the nutrients as received at their final destinations, the cells. There are also other signs, such as the clearing of the mucus overlay from the tongue, the return perhaps of a more normal pulse, etc. The individual body should be the sole determiner of the precise time to break the fast simply because it will give forth with these reliable signs, signs which should not then be ignored

Whenever a fast is broken *before* nature's clear signs have indicated the need for termination, then we should understand that while nature has cooperated with us thus far, a *complete* cleansing has not, as yet, taken place and that more remedial work will have to be

undertaken at a later time. I think that much of the post-fast discomfort that Ethel, for example, experienced and the fact that she had to undergo a whole series of fasts for a period of some years before she experienced the resurgence of health for which she was looking, was due, in large measure, to the fact that she broke her fast far too early, not because she wouldn't have been willing to go on, but purely because of her economic limitations.

What do you consider to be the most important role of the practitioner when it comes to the fast?

That question bears right down to the subject of this lesson. Our role should and must be to acquaint our clients with fasting, to tell them about the possible benefits that might accrue to them through fasting, to inform them about the possible symptoms that might arise during the experience, and WHY they may occur, and how such can be helpful rather than harmful; etc. In other words, we should help our clients to understand how fasting might help THEM to recover from whatever ails them.

Article #1: Health Secrets of a Naturopathic Doctor by M.O. Garten

"Cell Cinders" As Causes of Diseases

The European terminology of "cell cinders" as cause of disease most accurately drives home the point. It is generally agreed that civilized eating practices make all of us prone to overeat. It is said that up to the age of twenty, a man can eat as much as he can—up to forty as much as desired and after that he should eat as little as possible. Hippocrates made the statement that "if a sick person is fed—one feeds the disease. On the other hand, if the sufferer is withheld from food the disease is fasted out." How true, as I have observed in thousands of cases.

The disease process begins most gradually, but insidiously. In metabolism we find two stages, one of building up—the other of tearing down. The latter stage is the guilty one. Foods are not completely torn down and eliminated as formerly mentioned. Uric and carbonic acid remnants may undergo crystallization, obstructing metabolism. Cholesterol may clog lining of vessels and capillaries, where in some cases it may create starvation in the midst of plenty. Calcium carbonate may infuse joints, muscles or vessel structure, bringing on arthritis, rheumatism or hardening of vessels.

The "Towel—Salt Water" Experiment

For best illustration, let us take a small towel. Let us dip this fabric into a solution of salt water. The towel is permitted to dry after which we will find a drastic change in the appearance and "feel" of the material. No longer does the towel feel soft and pliable—it is now rigid like a board and feels hard and brittle. In the immersion, the salt water saturated through the fabric as a liquid but in the drying process changed into crystals. On closer examination we would find the crystals over, under and around every fiber.

Such is the case as so pointedly termed "cinder infusion" by the European experts as bringing on a ravages of disease.

Secondary Changes that Happen

It is axiomatic that Secondary changes usually occur as the result of this cell strangulation. Tissues, organs or glands become diseased and undergo degeneration. Necrosis, (tissue destruction) is frequently observed in post-mortems. This, incidentally, may explain the disagreeable stench given off by some chronic cases during the fast. Putrefactive changes can also be noticed which explains the body odor. *The entire disease origin problem gravitates into the symptoms of blockage. Remove the obstruction and the channels and fibers of life throb into renewal activity and good health*.

The living organism must maintain its oxidizing mechanism in order to keep from dying. During the fast, the food now must come from within. The body economy now can accomplish chemical changes so perfectly as being unmatched by any other laboratory process. Uric acid can actually be transformed into protein, from whence it came. Cholesterol is reconverted to fat—carbonic acid changed to starch or sugar. It is the great transformation or operation without the knife which takes its course with the greatest of precision.

The Process of Autolysis

The process of autolysis (*self* consumed) is inaugurated. All tissue components, not essential, are oxidized or burned in order to maintain life. This is the incredible manifestation of higher intelligence taking over command.

Many alterations can now be observed in the entrance to the digestive organs. Most noticeable is the coated tongue and disagreeable mouth odor. This unpleasant emanation does not come from the newly-displayed phlegm but mostly from the lungs. Here we find body chemistry in a noble effort to bring about elimination of hardened infusion, liquified by the fast. This cleansing is carried out predominantly by the blood and lymph stream, using kidneys, bowels and skin as an exit for the dissolved waste products.

The sometimes obnoxious odor could also come from partially-degenerated organs undergoing dissolution. Last, but not least, the odor generally also originates in the colon, the great "sewer pipe" of the body. Sluggish bowel action and impacted fecal material could contribute by the production of noxious gases which in turn reach the lungs through osmosis to be removed to the outside through the breath. While fasting, it is advisable to stay away from people as much as possible. The coating from the tongue should be removed twice daily with a stiff toothbrush.

Action of the Stomach During the Fast

Under a complete fast, where only water is consumed, hydrochloric acid production is greatly reduced. This is the one significant improvement to the juice diet in which stomach acidity is not always retarded. Consequently, hunger sensations may become prolonged, making the juice diet more difficult to withstand.

The first two or three days of the fast are the most trying to go through. After that, most hunger pangs disappear after which the individual seems to "float," strangely feeling free of many disagreeable sensations in the abdominal region. Buchinger reached this stage only after the fourth day when he stated that "everything became quiet on the Western front." Rumblings from fermentations lessen; all organs appear to greatly appreciate the new well-deserved rest.

An important change in the stomach is its shrinkage during the fast. The normal healthy stomach in an adult is supposed to equal the size of two fists, holding a little more than one pint. That this is not the case in us "civilized" beings can be attested by all surgeons or morticians. I have seen stomachs in post-mortems measuring several times the normal size. Such distended stomachs have exceedingly thin walls resulting in defective function. In the prolonged fast, the shrinking process of the stomach goes on and stops, whenever the normal size has been regained.

The Gallbladder

Here we may find drastic reactions to the sudden withdrawal of food. Secretions of gall continue to accumulate in this reservoir, in some cases in an increased tempo. The solution may often regurgitate into the stomach, giving rise to temporary spells of nausea or vomiting.

The Pancreas

In the fast, the pancreas reduces in size. The functional integrity of the digestive portion of the gland is greatly enhanced. The endocrine part (Islands of Langerhans) often becomes so reactivated as to reduce implications of diabetes.

The production of hormones or digestive ferments is somewhat sluggish immediately after the fast. It may take several days to bring about normal secretion, explaining the importance of breaking the fast correctly.

The Small and Large Intestine

The small intestine also shrinks in both length and diameter. The colon, besides shrinking, undergoes a decided reorganization.

About 75%, or three quarters, in the amount of stool is made out of bacteria, dead or alive. It is interesting to learn that the colon may become completely sterile in a ten-day fast. Still more significant is the problem of impacted feces. A British surgeon once made the statement that the average man carries with him such hardened bowel wastes to the extent of between several ounces to as much as *fifty pounds*. I have seen colons on the marble slab practically being rigidified with uneliminated retained stool. Only a small opening in the center permitted passage of some bowel content.

During the fast, the impactions clinging to the colon wall loosen, and copious stools are passed. This is one of the most perplexing experiences to a faster, when no food has been ingested.

Heart and Blood Vessels

The heart again assumes normal shape in the fast; vessels become freed of their clogging infusions (cholesterol). The average size of a well-fed "civilized" heart is enlarged, which is now being corrected.

The vessels and capillaries of the heart (coronary) receive a most thorough cleansing, restoring normal fluid circulation. It is also possible that the fast could absorb scar tissue formations in cases of rheumatic heart conditions. How else could one explain the amazing improvements achieved by the fast in such cases?

As to abnormal blood pressure, it is amazing how quickly and efficiently the fast comes to the rescue. High pressure ratings lower from day to day—most likely due to the absorption of cholesterol. In the case of abnormal low pressure, the explanation is more difficult. Undoubtedly, the adrenal glands are involved, where functional integrity is brought about by the fast.

The Pulse

The pulse is usually increased at the start, then falls below normal as the fast continues. Rates may vary from forty to one-hundred-twenty beats per minute, which may become erratic from time to time.

Should the pulse remain irregular for longer periods, or when extremely low or high pulse rate prevail, the fast should be broken.

The Blood

While the quantity of the blood volume is reduced in proportion to loss of body weight, the quality of the blood is greatly improved during the fast. It is amazing to observe the gradual increase in red cells in the blood picture.

Dr. Weger and Dr. Tilden reported cases of pernicious anemia where the red count doubled in periods from one week to twelve days. The abnormal high white count had also been reduced two-and-one-half times during these observations.

The primary reason for anemia accordingly is not nutritional deficiency, but cellular obstruction in organs and glands preventing utilization of the food. The blood-building mechanism in bone marrow, liver, spleen, etc., is put into a higher degree of perfection by the cleansing action of the fast. This does not mean that nutrition is of no consequence to the relative state of the blood. This, however, is always secondary—improper body chemistry coming first. This is why many top European sanatoriums inaugurate dietary reforms with temporary food withholding.

The Lungs

The gradual absorption of mucus from the miles of hair-like tubes in the lungs make deep and effortless breathing a most pleasant experience to the faster. The voice becomes clear and resonant.

The fast does provide an excellent opportunity to practice deep breathing. In some of such experiments it was established that the volume of breath intake (air) doubled. In connection with skin brushing with dry brush, great improvements in the general oxidizing mechanism of the body can be attained.

The Skin

The skin as well as the teeth are the parts that reveal a true indication of body condition.

With the lowering of metabolic efficiency, the skin becomes pale, then and dry with development of many folds. Secretions of perspiration lessen with an increasing difficulty of keeping warm.

During the fast, the skin resumes more effectively its role of body cleanser. Perspiration may become odoriferous as it may carry dissolved particles of uric acid, decomposed cells, etc.

One of the most gratifying effects of the fast is the observance of changes of the skin. The once shiny cigarette paper appearance, particularly on extremities, changes over to a more velvety texture, the skin loses its shine and many folds, and becomes thicker.

The Kidneys and Bladder

Constituting the great filter apparatus of the body, it can be seen that the kidneys participate greatly in this new effort of body reorientation. At the start of the fast, the urine is invariably dark in color, strongly acid in reaction, and of high specific gravity. Dissolved uric acid, phosphates and bile pigment are making up the ingredients responsible for the relative "thickness" of the urine. The odor may become offensive.

As the fast progresses, the color of the urine becomes lighter, being less odoriferous. This improvement in urinary characteristics is in direct proportion to the amount of cellular waste being "melted" out of the body structures. It must be remembered that next to the colon, the kidneys carry the largest load in the removal of metabolic waste from the body.

To fully appreciate the benefits bestowed by a fast to the urinary system, one should follow a typical case. A male patient came to me, complaining of constant burning sensation in region of bladder. The patient submitted to a twelve-day fast, after which all burning sensations disappeared and the man slept through the entire night.

Buchinger made a thorough study of this kidney-bladder phenomenon and broadly speaks of specific antibodies produced by the body during the fast. Accordingly, the fasting organism in its concentration on worn put or diseased tissues, manufactures certain "medicinal" agents from the diseased organs to be used in the healing or repair of such organs. This protective mechanism partially explains seemingly impossible correction of long-existing disease processes. Other investigators have corroborated Buchinger's assertions and claim the faster's urine to be virtually a healing concoction.

Incidentally, Buchinger's first patient, a woman physician, aborted a handful of kidney stones after an eleven-day fast.

From the book, Health Secrets of a Naturopathic Doctor by M.O. Garten